



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

WILLIAM WALDMAN
Commissioner

MEDICAID COMMUNICATION NO. 97-4

DATE: March 31, 1997

TO: County Welfare Agency Directors

SUBJECT: Initiation of Revised Form MCNH-36, "Notification of Status Change for Beneficiaries in Long-Term Care Facilities."

Recently, a question was raised regarding potential problems with pre-admission screening (PAS) records for those institutionalized individuals who convert from Medicaid Only or New Jersey Care...Special Medicaid Programs to Medically Needy long-term care because of excess income. Since a different Medicaid ID number must be assigned to beneficiaries in the Medically Needy program, billing problems may result because the PAS record is linked to the original number. The long-term care facilities must also be made aware of the new Medicaid ID number for proper billing.

Accordingly, the attached Form MCNH-36 has been revised and is to be used to report termination of eligibility or change in Medicaid ID number to the appropriate Medicaid District Office (MDO), Long-Term Care Field Office, and the long-term care facility. To facilitate this, the form was printed as a four-part, snap-out document with copies as identified below:

- Original - MDO (white)
- Copy 2 - LTC Field Office (canary)
- Copy 3 - Nursing Facility (pink)
- Copy 4 - County Welfare Agency (goldenrod)

Other changes to the form include the addition of a space for the reason of termination and a "REMARKS" section.

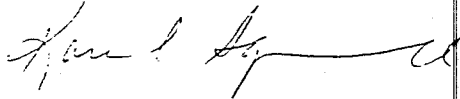
Use of this form should begin immediately. If you have not already received a supply or need an additional supply of Form MCNH-36, it can be obtained by forwarding a written request to:

General Services
Division of Medical Assistance and Health Services
Mail Code #27
CN 712
Quakerbridge Plaza, Bldg. 7
Trenton, New Jersey 08625

This communication is to be brought to the attention of all CWA staff involved in processing long-term care cases.

Questions concerning this communication should be referred to the Medicaid District Office field service staff assigned to your county,

Sincerely,



Karen I. Squarrell
Acting Director

KIS:G
Attachment

c: Len Fishman, Commissioner
Susan c. Reinhard, Ph.D., Deputy Commissioner
Department of Health and Senior Services

Karen Highsmith, Director
Division of Family Development

Michele Guhl, Acting Director
Division of Youth and Family Services

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHANGE OF STATUS NOTIFICATION FOR
BENEFICIARIES IN LONG-TERM CARE FACILITIES

TO: _____ MEDICAID DISTRICT OFFICE/
LONG TERM CARE FIELD OFFICE DATE: _____

FROM: _____

THE FOLLOWING BENEFICIARY:

NAME	MEDICAID IDENTIFICATION #	PERSON #
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☐ HAS BEEN TERMINATED BECAUSE OF FINANCIAL
INELIGIBILITY EFFECTIVE:

DATE

REASON: _____

☐ REQUIRES CHANGE IN MEDICAID ID # ON PAS
RECORD AND/OR TAD IF DIFFERENT THAN THE ID#
INDICATED ABOVE EFFECTIVE:

DATE

NEW MEDICAID IDENTIFICATION #

PERSON #

REMARKS:

SIGNATURE OF PERSON COMPLETING FORM

TITLE

WHITE-MDO

CANARY-LTC Field Office

PINK-NH

GOLDEN ROD-CWA